



ANNUAL REPORT

1983 — 1984

**Hospital Services Commission
of Prince Edward Island**

**Hospital Services Commission
of Prince Edward Island**

**Jones Building
11 Kent Street
Charlottetown
Prince Edward Island
C1A 7P4**

**ANNUAL REPORT
For the Year Ending
March 31, 1984**

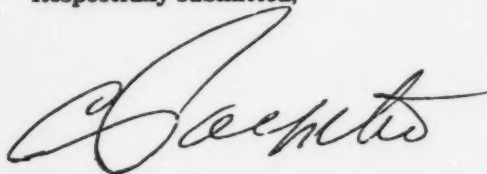
April 1, 1984

Honourable Albert A. Fogarty
Minister of Health & Social Services
Province of Prince Edward Island
P.O. Box 2000
Charlottetown, P.E.I.
C1A 7N8

Honourable Minister:

In accordance with Section 9(a) of the Hospital and Diagnostic Services Insurance Act, I have the honour to present the Report of the Hospital Services Commission of Prince Edward Island for the period April 1, 1983 to March 31, 1984.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'C. Paynter', written in a cursive style.

CLAUDE PAYNTER
Chairman
HOSPITAL SERVICES COMMISSION
OF PRINCE EDWARD ISLAND

MEMBERS

Hospital Services Commission

and

Executive Director

Members	Effective Date of Appointment
Mr. Claude Paynter, Chairman Sherwood	July 3, 1980
Mr. Keith Harrington Spring Valley	July 3, 1980
Mr. Donald Munroe Montague	July 3, 1980
Dr. Athol Roberts Charlottetown	October 22, 1981
Mrs. Sheila Trainor Charlottetown	November 24, 1977

Executive Director

Mr. J. Brendon McGinn

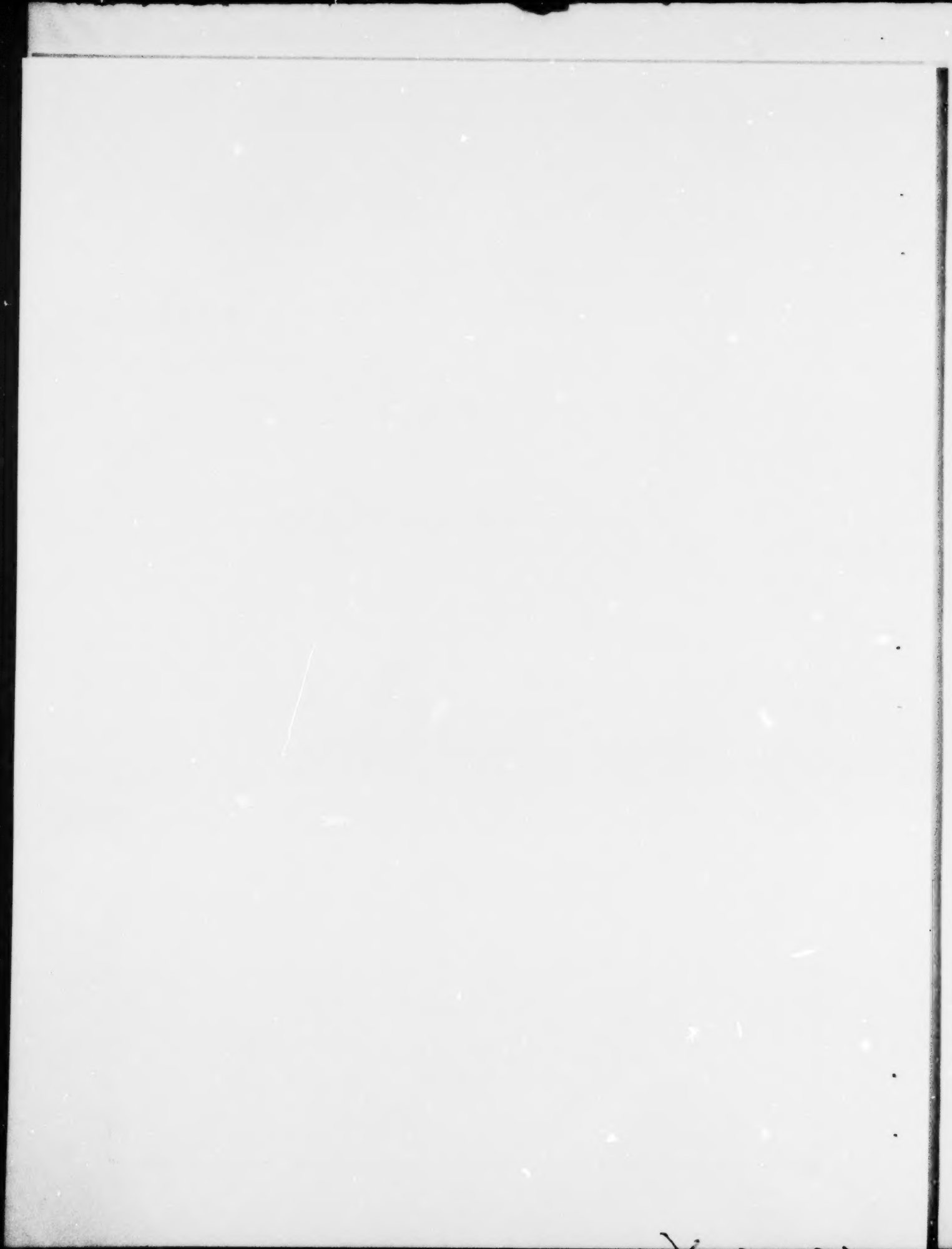
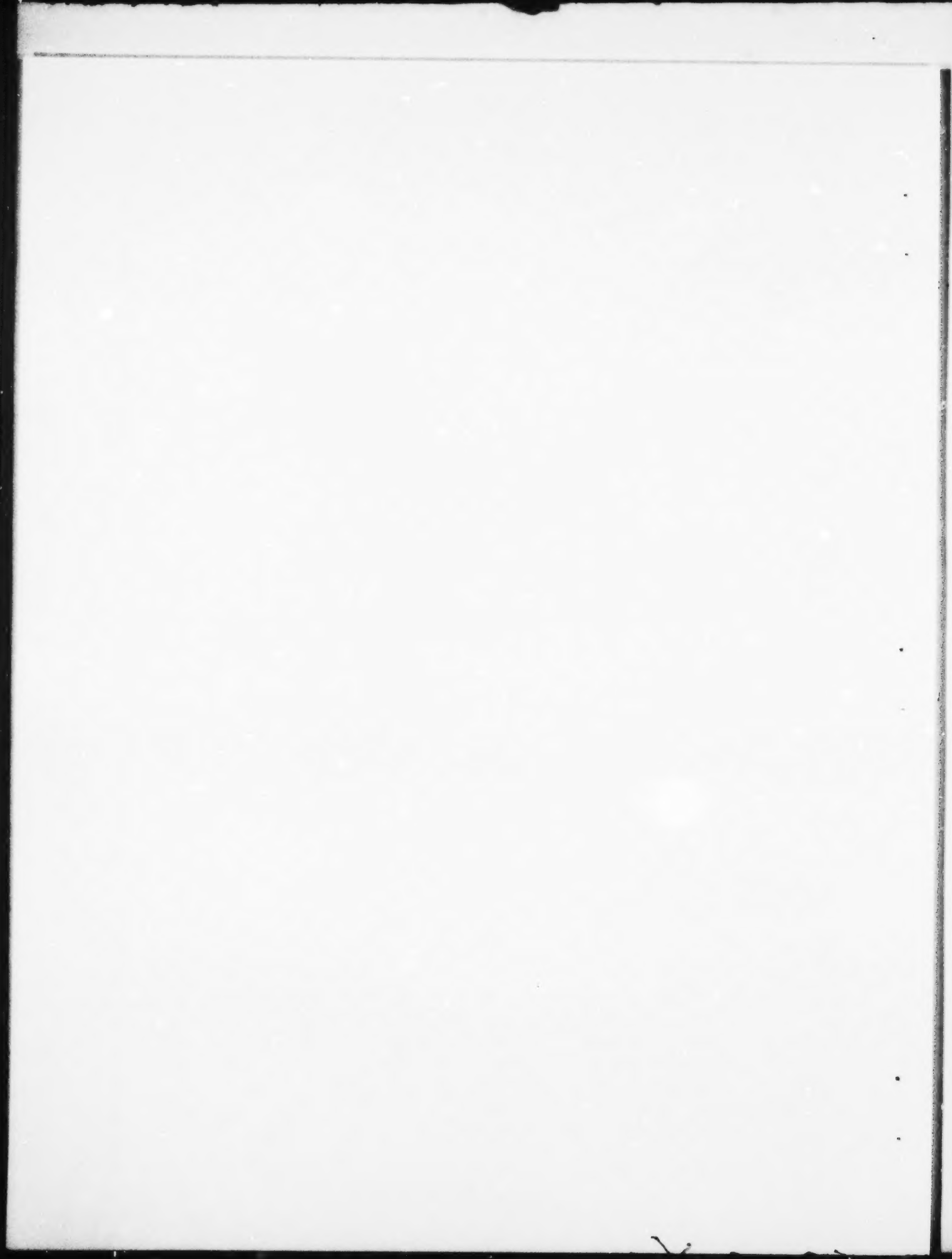


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THE HOSPITAL SERVICES COMMISSION

Introduction:

The Hospital Services Commission of Prince Edward Island administers a plan of health care for the people of Prince Edward Island according to the provisions of the Hospital and Diagnostic Services Insurance Act and other relevant legislation. The Plan provides for a system of hospital care insurance for the people of Prince Edward Island universally available to all without regard to age, financial circumstances or condition of health. The Commission consists of not less than three and not more than five persons, of whom one shall be appointed from a slate of not less than three names proposed by the Hospital Association of Prince Edward Island and one shall be appointed from a slate of not less than three names proposed by the Medical Society of Prince Edward Island.

Functions:

It is the function of the Hospital Services Commission:

- 1) to ensure the development and maintenance throughout Prince Edward Island of a balanced and integrated system of hospitals, related health care facilities, and the school of nursing;
- 2) to approve or disapprove the establishment of new hospitals, additions to existing hospitals, and the establishment of or additions to related health facilities;
- 3) to approve or disapprove all grants to hospitals for construction and maintenance;
- 4) to establish and operate, alone or in cooperation with one or more organizations, institutes, and centres for the training of hospital and related personnel;
- 5) to conduct surveys and research programs and to obtain statistics for its purposes;
- 6) to approve or disapprove hospitals and other facilities for the purpose of this Act in accordance with the Regulations;
- 7) to approve or disapprove incorporation, by-laws, operation, and alteration of all public hospitals;
- 8) to administer the hospital employees classification plan which covers all employees in the hospitals.

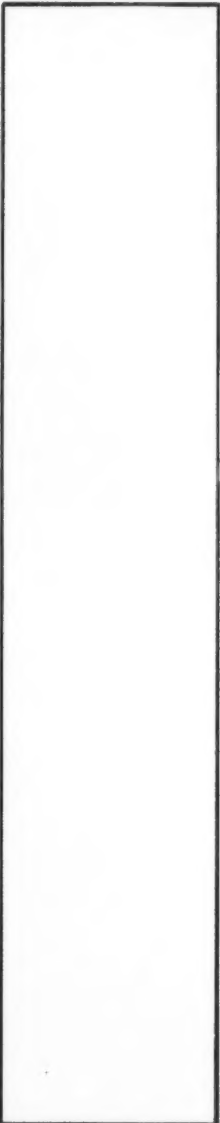
Areas of Responsibility:

- 1) Hospital Care Insurance Plan (administration and funding);
- 2) Approved Public Hospitals (funding & regulations);
- 3) Licensed Private Nursing Homes (regulations);
- 4) Ambulances (regulations & subsidized funding);
- 5) School of Nursing (funding);
- 6) Labour Relations (contract negotiations for hospital unionized employees through the Health Negotiating Agency);
- 7) Hospital Employees Classification Plan (administration).



HIGHLIGHTS OF 1983-84 REPORT

SUMMARY OF ACTIVITIES



Appointment of Auditor General of the Province as Auditor for the Hospital Services Commission

Approval of Amendments to King's County Memorial Hospital By-Laws

Approval of Amendments to Souris Hospital By-Laws

Additional Mortgage of \$1.5 M Approved for Queen Elizabeth Hospital

Amendments to the Hospital and Diagnostic Services Insurance Act Regulations

Approval to Purchase Woodchip Unit at King's County Memorial Hospital

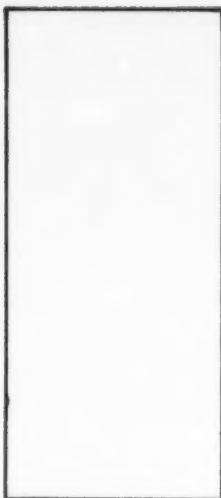
Accreditation of Western Hospital, October, 1983

Accreditation of Community Hospital, October, 1983

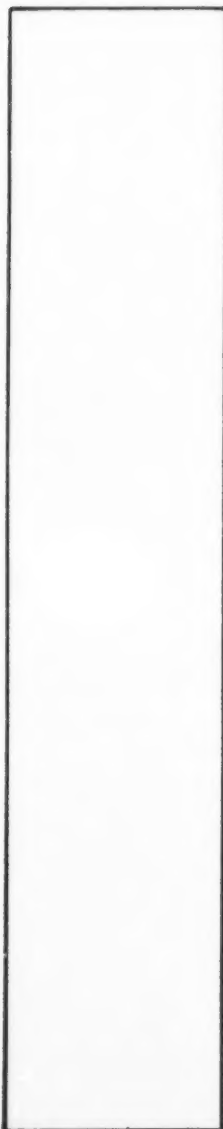
Accreditation of Queen Elizabeth Hospital, October, 1983

Admission of patients to the new 10-bed Medical-Nursing Unit at Stewart Memorial Hospital, January, 1984

Preliminary planning and land purchase for a new Souris Hospital



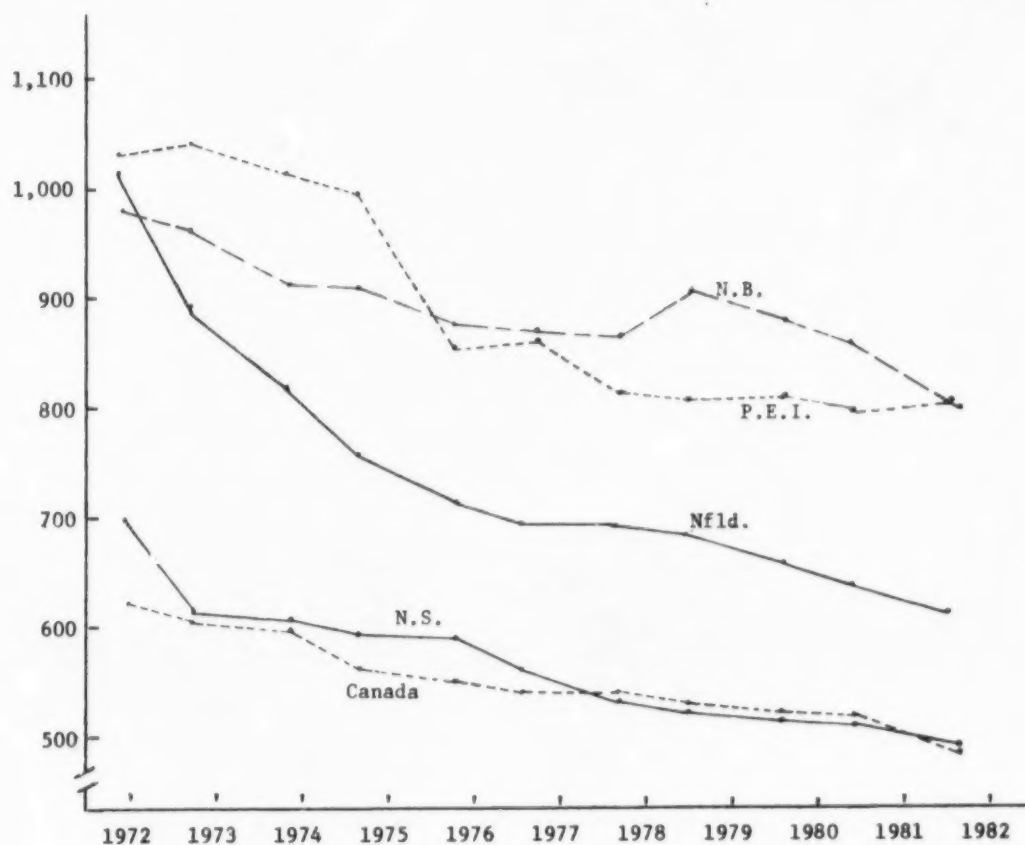
HOSPITAL UTILIZATION



Introduction:

The following graphs and tables represent the most up-to-date information that could be obtained on a comparable provincial basis from Statistics Canada publications. General comments have been provided at the bottom of each table.

TABLE I

Population per Active Civilian Physician
Canada and Atlantic Provinces 1972-1982Population
per Physician

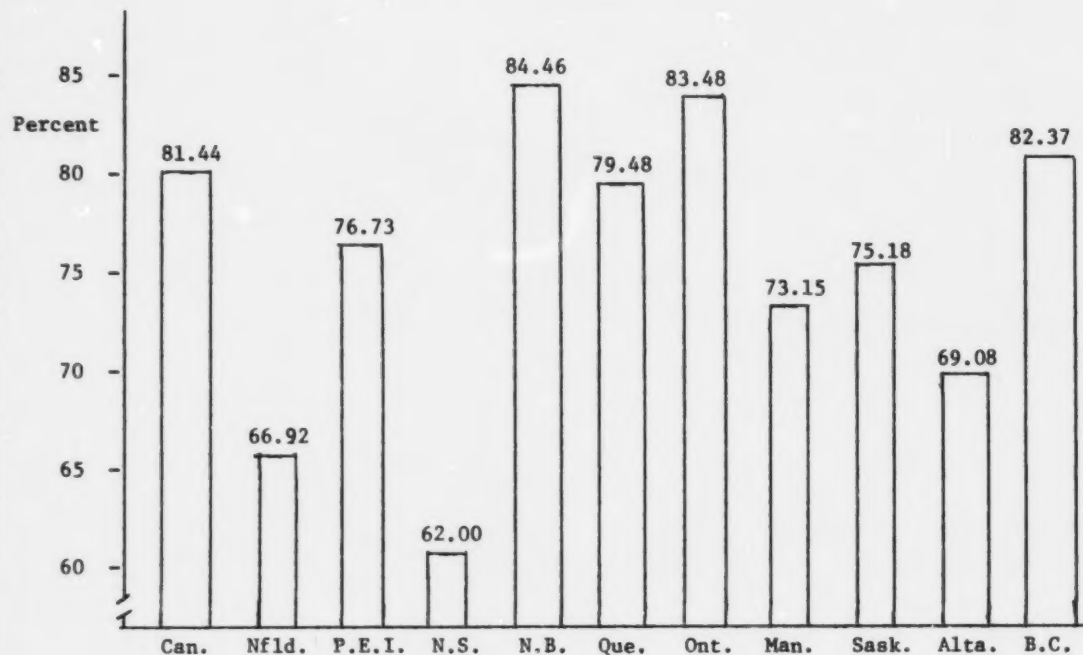
Source: 1983 Canada Health Manpower Inventory (Health and Welfare Canada)

Over the past three years, Prince Edward Island has maintained its population per active civilian physician at approximately 1 civilian physician per 800 population, while the other Atlantic Provinces and Canada (as a National average) have shown a steady decrease. This decrease may be the result of greater specialization of medical services taking place in the other provinces.

TABLE II

Provincial Comparison
OCCUPANCY RATES 1982 - 1983

(Public Hospitals - General Non-Teaching, With Long-Term Units)



Source: Hospital Statistics Preliminary Annual Report 1982-83 - Statistics Canada

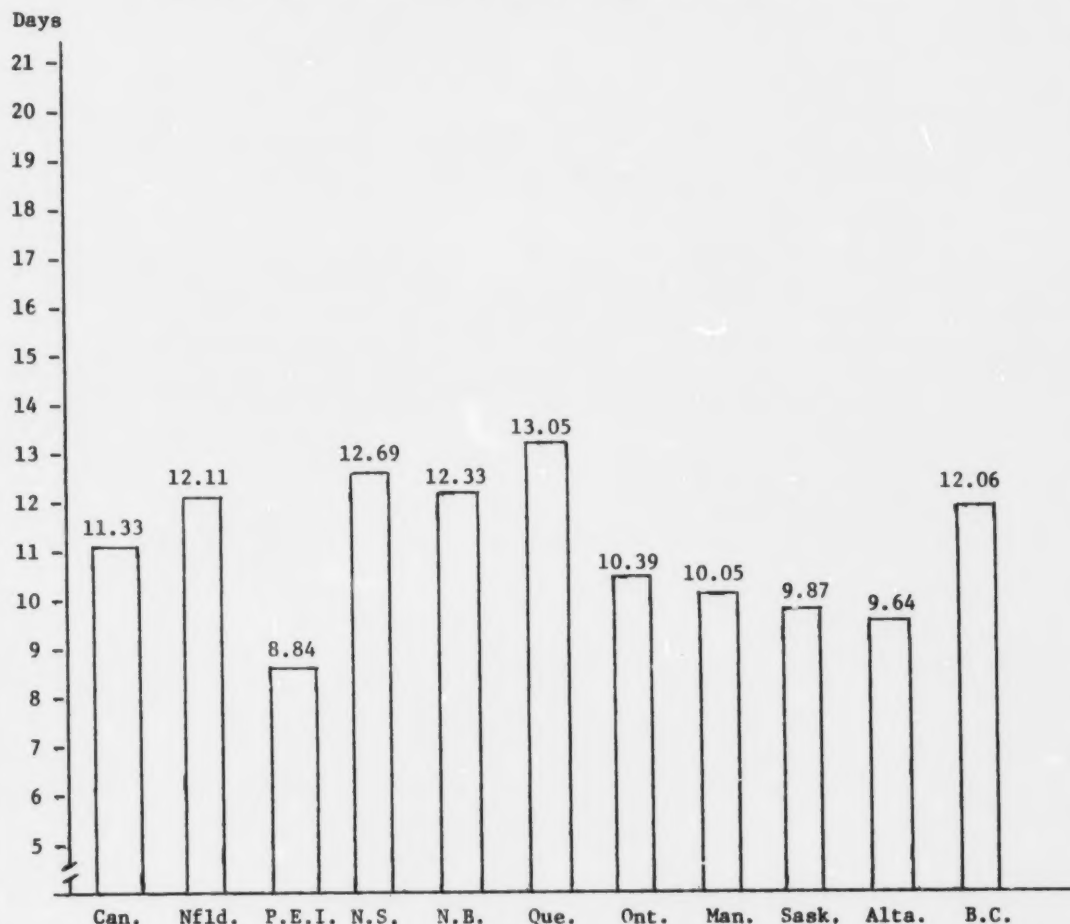
The occupancy rates indicate the degree of utilization of inpatient beds in a hospital. Generally, the higher the occupancy rate, the greater the operation efficiency is in the institution. However, it should be noted that the waiting period and numbers waiting for non-emergency admission to hospital also increases as the occupancy rate increases.

TABLE III

Provincial Comparison

AVERAGE LENGTH OF STAY 1982 - 1983

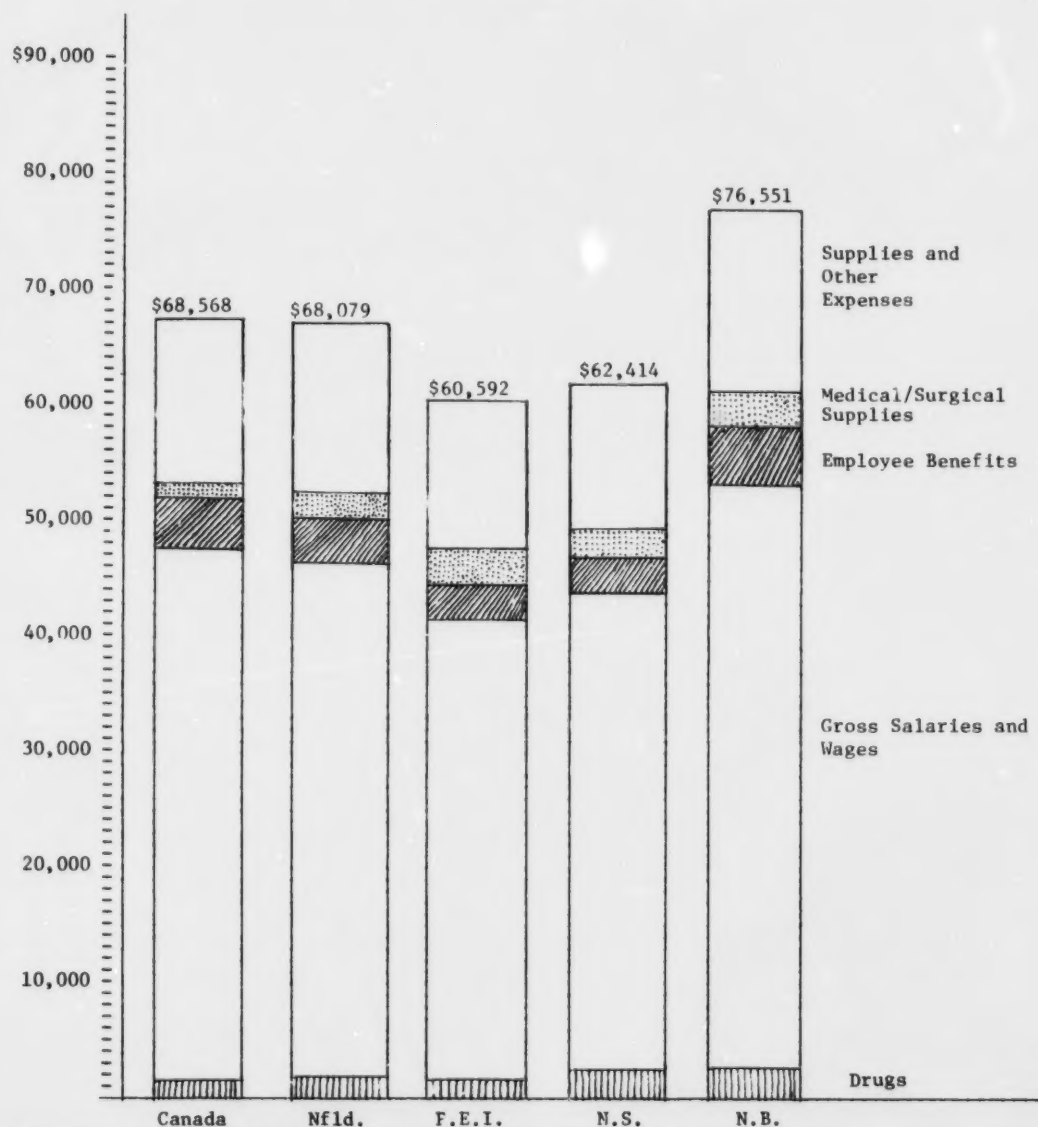
(Public Hospitals - General Non-Teaching, With Long-Term Units)



Source: Hospital Statistics Preliminary Annual Report 1982-83 - Statistics Canada

The average length of stay indicates the degree of turnover of patients in inpatient beds. The lower the average length of stay, the greater is the utilization of the inpatient beds. Prince Edward Island has the lowest average length of stay of any of the provinces in Canada. This may be due, in part, to our referral of more serious, long-stay patients out-of-province for medical and hospital treatment.

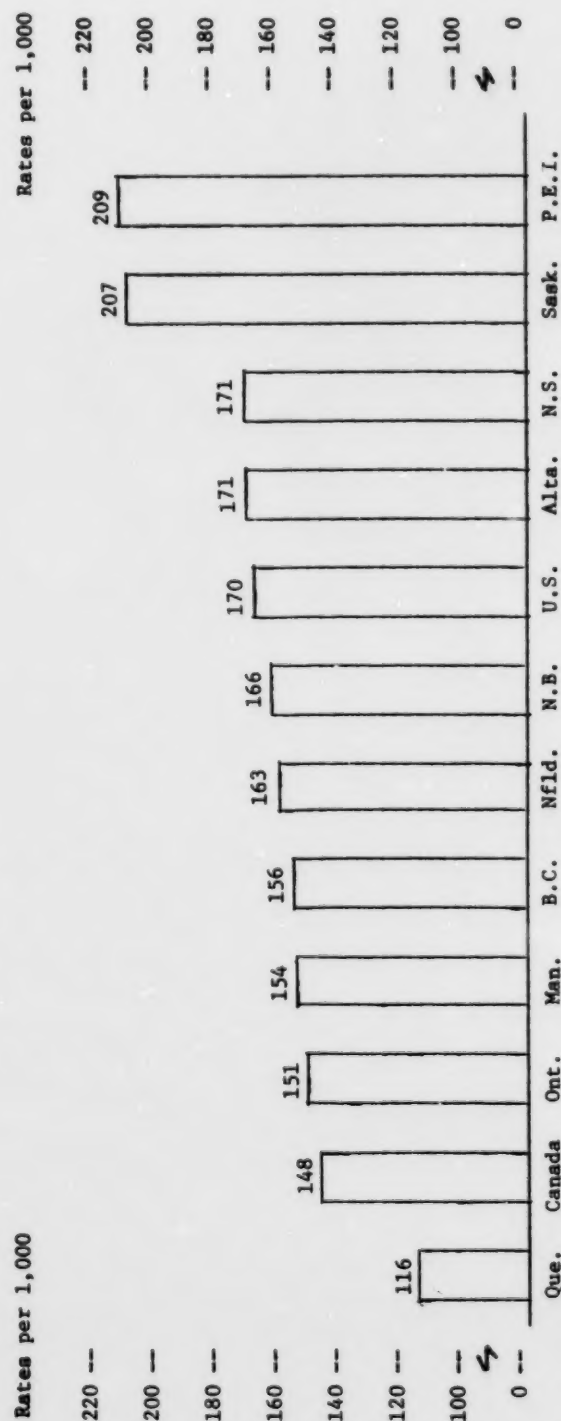
TABLE IV
1982-83 Distribution of Operating Expenses per Bed
(Public Hospitals - General, Non-Teaching, with Long-Term Units)



(Source: Statistics Canada)

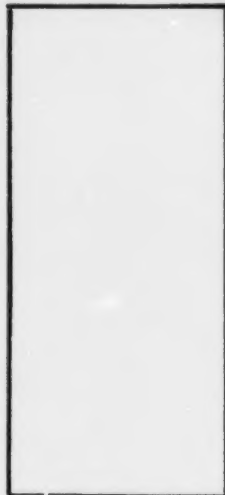
Prince Edward Island has the lowest hospital operating costs per bed in the Atlantic Provinces. This seems to be mainly attributable to lower associated operating costs in the areas of staff wages and benefits.

TABLE V
Rates of Hospitalization Per 1,000 Population
by Provinces, Canada and United States, 1980-81



(Source: Statistics Canada, Hospital Morbidity, 1979-80 & 1980-81)

Prince Edward Island, as a province, has the highest rate of hospital utilization per 1,000 population of all the provinces. As our province, health wise, is one of the healthier provinces (See Table VIII), and as there seems to be no correlation between the rates of hospitalization and health ranking (See Table VIII), it could be that the Prince Edward Island high rate of hospitalization is due in part to readmissions.



OUT-OF-PROVINCE HOSPITALIZATION



The total number of days of stay for out-of-province dropped from 21,127 in 1982-83 to 20,981 in 1983-84. This may be due, in part, to the referral of more of these patients to the Queen Elizabeth Hospital.

The Hospital Services Commission is examining on an ongoing basis, the patterns of use of out-of-province hospitals by type of disease.

**Morbidity and Mortality on Prince Edward Island
1980-81 and 1981-82**

In 1980-81 the major causes of hospital utilization in terms of patient days were characterized in descending order of importance for Canada and Prince Edward Island as follows:

Canada:

1. Circulatory
2. Digestive
3. Neoplasms
4. Injury and poisoning
5. Mental disorders
6. Respiratory
7. Nervous and sense organs
8. Complications of pregnancy, childbirth, and puerperium
9. Musculoskeletal and connective tissues
10. Genito-urinary

Prince Edward Island:

1. Circulatory
2. Respiratory
3. Digestive
4. Injury and poisonings
5. Genitourinary
6. Complications of pregnancy, childbirth, and puerperium
7. Neoplasms
8. Symptoms, signs, ill-defined conditions
9. Musculoskeletal and connective tissues
10. Mental disorders

(Source: 1980-81 Hospital Morbidity, Statistics Canada)

Perinatal Mortality Rates

	1976	1981	1982
Canada	15.4	10.7	10.1
Newfoundland	16.7	10.1	11.6
Prince Edward Island	18.9	13.1	11.4
Nova Scotia	14.2	13.2	9.9
New Brunswick	16.4	12.4	11.2
Quebec	15.6	10.2	9.3
Ontario	15.2	10.3	10.2
Manitoba	17.6	11.8	9.0
Saskatchewan	14.5	11.3	10.9
Alberta	13.8	10.5	10.3
British Columbia	15.3	11.6	10.4

(Source: 1981 Vital Statistics, Statistics Canada)

In 1981, Prince Edward Island's perinatal mortality rate was comparable with the other Atlantic Provinces, but still above the national average.

The infant death rate for less than one year of age for males and females during a five year period (1976 to 1981) had more than doubled. When this was viewed in respect to Prince Edward Island's fertility rate, one saw that the fertility rate was generally dropping except for women between 30-39 years of age, where it increased significantly suggesting that the care being provided after birth to one year of age should be enhanced and high risk women (between the ages of 30-39) giving birth should be identified and followed more closely.

In 1982, the perinatal mortality rate for Prince Edward Island had substantially decreased from the previous year, but was still above the national average. The post-neonatal deaths from 1981 to 1982 have shown a substantial decrease in Prince Edward Island and are below the national average and the other Atlantic Provinces' rates.

The infant death rate from 1981 to 1982 has also dropped in Prince Edward Island and was below the national average and the other Atlantic Provinces' rates.

The fertility rate is still decreasing, except for women between 35-39 years of age where it is still increasing. This suggests that the care being provided to newborns after birth to one year of age and to high risk pregnant women (between the ages 35-39) has dramatically improved through enhanced identification and follow-up. However, because of the small numbers involved in Prince Edward Island rates, it is best to review rate changes over several years to see if a trend has been established.

It has been demonstrated that between the ages 1-14, mortality is primarily due to vehicle and other accidents. In 1982, Prince Edward Island was below the national mortality rate for this age group and was the lowest in the Atlantic Provinces for both sexes.

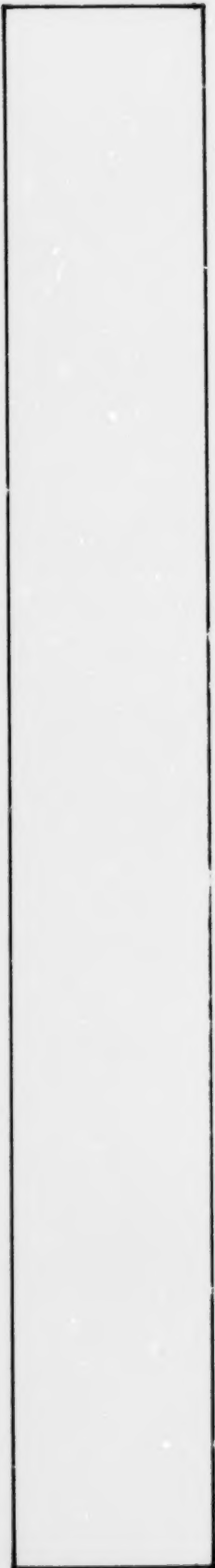
Accidents, suicides, and ischaemic heart diseases between the ages 25-44 are the major causes of death in males, while for females, accidents, suicide and breast cancer are the leading causes of mortality. In 1982, Prince Edward Island again was below the national mortality rate and was the lowest in the Atlantic Provinces.

Ischaemic heart disease and cancers between the ages 45-64 are the prominent causes of death. In 1982, Prince Edward Island was slightly above the national mortality rate but was still the lowest in the Atlantic Provinces.

Ischaemic heart disease and cerebrovascular diseases over the age of 65 are the leading causes of death, followed by respiratory diseases and certain cancers of the digestive and respiratory systems. In 1982, Prince Edward Island was below the national mortality rate for this group and was the lowest in the Atlantic Provinces.

Using 1982 standardized age (adjusted) rates for comparison, Prince Edward Island is below the national mortality rate and is the lowest in the Atlantic Provinces.

Canada	5.5
Prince Edward Island	5.0
Nova Scotia	5.8
New Brunswick	5.7
Newfoundland	5.7



Looking at 1982 mortality rates per 1,000 people and using standardized age rates which are adjusted to reflect the national average, not that of the particular province, Prince Edward Island's mortality rate is below the national rate and is the lowest in the Atlantic Provinces.

TABLE VI

PROVINCIAL FERTILITY RATE PER 1,000 WOMEN

by Age Group

1980-81

AGE GROUP	1981	1980	Percentage Change
15-19	33.5	36.4	- 7.97
20-24	109.0	110.5	- 1.36
25-29	135.2	139.6	- 3.15
30-34	73.0	71.3	2.38
35-39	26.4	22.9	15.28
40-44	4.0	7.3	-45.21
45-49	0.4	0.7	-42.86
Standardized	58.73	60.06	- 2.17

Source: Statistics Canada 1981 Vital Statistics,
Volume 1, Births and Deaths

TABLE VII

PROVINCIAL COMPARISON OF MORTALITY RATES AND RANKING

1981

Ranking	Province	Average Rank	Perinatal	Infant	Maternal	Men (35-44)	Men (45-54)	Women (35-44)	Women (45-54)
1	Newfoundland	4.7	10.1	9.7	1	2.4	5.9	1.5	2.5
2	Saskatchewan	5.1	11.3	11.8	0	2.6	5.6	1.2	3.5
2	Alberta	5.1	10.5	10.6	2	2.4	5.6	1.5	3.2
3	Manitoba	5.2	11.8	11.9	0	2.0	6.2	1.5	3.2
3	Quebec	5.2	10.2	8.5	4	2.6	6.7	1.3	3.4
4	Prince Edward Island	5.3	13.1	13.2	0	2.0	4.7	0.7	3.4
5	British Columbia	5.4	11.6	10.2	3	2.5	5.7	1.4	3.5
6	New Brunswick	5.6	12.4	10.9	2	2.9	6.8	0.9	3.6
7	Nova Scotia	5.7	13.2	11.5	1	2.6	7.0	1.2	3.5
8	Ontario	6.0	10.3	8.8	10	2.0	6.0	1.3	3.4
9	Yukon	8.1	11.2	14.9	0	6.5	16.1	3.5	4.2
10	Northwest Territories	9.0	16.1	21.5	0	4.8	9.7	2.4	8.3

Source: 1981 Mortality figures published by Statistics Canada

This table identifies mortality rates per 1,000 population in a cross section of age groups and by province. To assess the health care performance position of each province, we based the average ranking on equal weight for each factor.

TABLE VIII

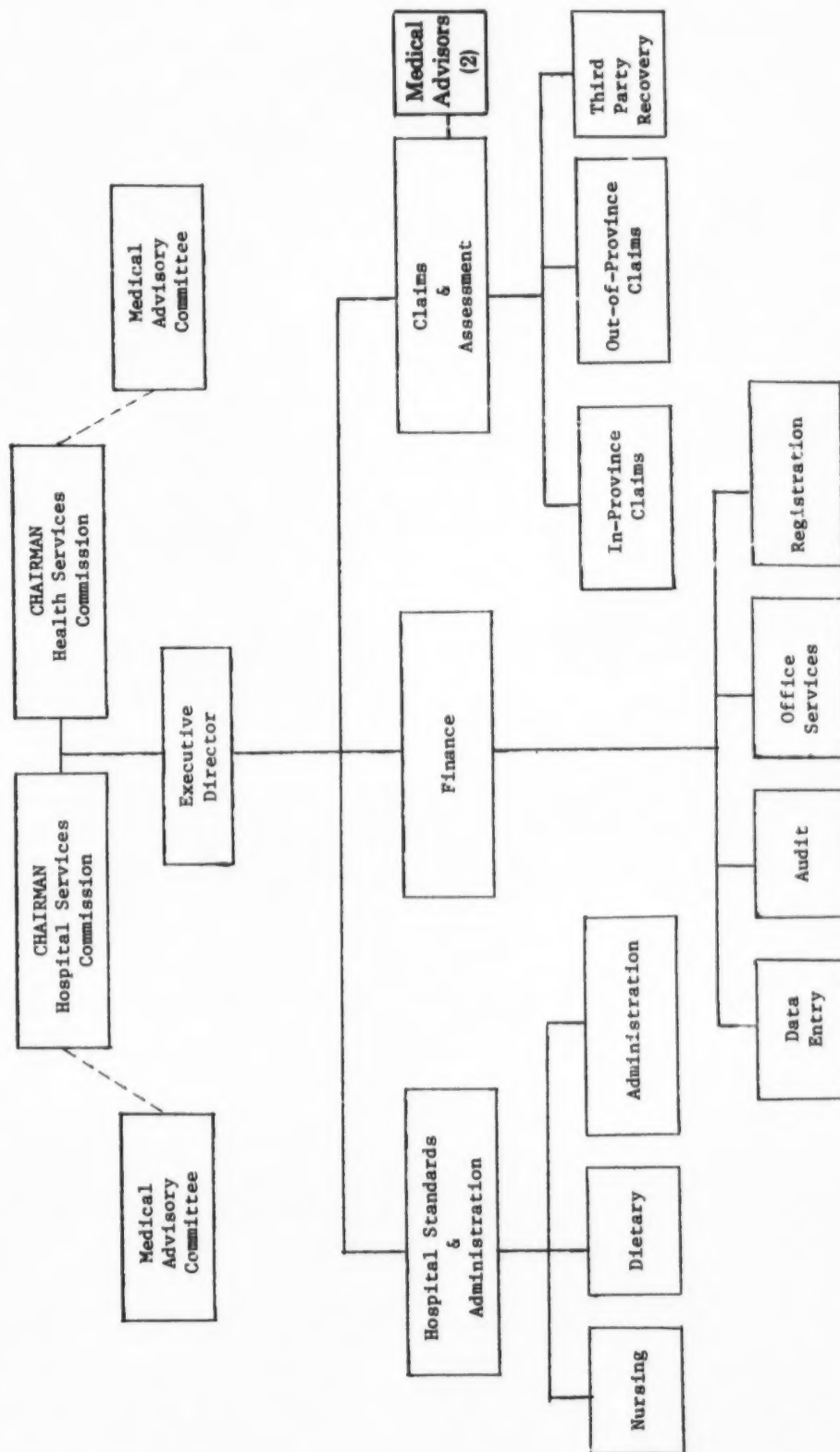
PROVINCIAL COMPARISON OF MORTALITY RATES AND RANKING
1982

Ranking	Province	Average Rank	Perinatal	Infant	Maternal	Men (35-44)	Men (45-54)	Women (35-44)	Women (45-54)
1	Prince Edward Island	4.4	11.4	7.8	0	1.5	5.8	1.1	3.0
1	Ontario	4.4	10.2	8.3	0.3	1.9	5.5	1.3	3.2
2	Manitoba	4.5	9.0	9.1	0.6	2.2	5.7	1.3	3.8
2	Quebec	4.5	9.3	8.8	0	2.3	6.5	1.3	3.1
3	Nova Scotia	4.6	9.9	8.6	0	2.5	6.5	1.3	3.5
4	Alberta	4.7	10.3	9.8	0.2	2.4	6.0	1.4	3.0
4	British Columbia	4.7	10.4	9.9	0	2.0	5.8	1.5	3.2
5	Saskatchewan	4.9	10.9	10.5	0	2.2	6.1	1.4	3.0
5	New Brunswick	4.9	11.2	10.5	0	2.6	5.7	1.3	3.3
6	Newfoundland	5.0	11.6	10.8	0	2.0	6.3	0.9	3.6
7	Yukon	9.1	20.8	21.0	0	2.0	10.7	3.5	5.5
8	Northwest Territories	9.4	18.2	16.2	7.3	3.9	7.2	3.7	9.0

Source: 1982 Mortality figures published by Statistics Canada

This table identifies mortality rates per 1,000 population in a cross section of age groups and by province. To assess the health care performance position of each province, we based the average ranking on equal weight for each factor.

HOSPITAL AND HEALTH SERVICES COMMISSIONS ORGANIZATIONAL CHART





ADMINISTRATION OF THE PLANS



The administration of the Hospital Care Insurance Plan and the Health Insurance Plan is combined. Policy is determined separately by the two Commissions within the terms of reference of their Acts.

Day-to-day administration of the Plans is carried out through a Division of Claims and Assessment, a Division of Standards and Administration, and a Division of Finance, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by its Medical Advisor who may seek advice from its Medical Advisory Committee of five physicians nominated by the Medical Society of Prince Edward Island and appointed by the Commission.

The Medical Advisory Committees meet on an "as required" basis and play an important role in the smooth and efficient administration of the Plans.

BENEFITS OF THE PLAN

General

The Hospital Care Insurance Plan and the Health Care Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the cost of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is shared by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

Hospital Care Insurance Plan:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- standard ward accommodation and meals
- necessary nursing services
- laboratory
- radiology and other diagnostic procedures
- drugs
- biologicals and related preparations
- use of operating room, case room, anaesthetic facilities
- use of radiotherapy, physiotherapy and occupational and speech therapy
- routine surgical supplies.

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g., drugs and dressings.

DESCRIPTION OF DIVISIONS

Hospital Standards and Administration Division

R. Thelma Cameron, Director

This Division has the responsibility of ensuring through the development and maintenance of reasonable standards, insofar as possible, the effective utilization of services provided by the general hospitals, the licensed ambulance operators, the licensed nursing home operators, the School of Nursing, and the Central School of Nursing Assistants.

The Division has the following duties:

- to review and analyze the utilization trends
- to conduct such studies as it deems necessary to determine the standards are being maintained.

This is accomplished through the medium of nursing, hospital administration, and dietary consultants.

Claims and Assessment Division

John R. Hobbs, Director

The Division of Claims and Assessment is responsible for processing both physicians and hospital claims through a system of clerks and assessment rules to ensure that claims submitted are for insured services and are medically necessary.

There are three sections in this Division: In-Province Claims, Out-of-Province Claims, and Third Party Recovery. Their responsibilities include:

- processing all claims for services rendered in the province
- integrating information from both hospital and physician claims on individual patient history cards
- random audit program to determine from patients whether a service was rendered as claimed by a physician
- processing all claims incurred by residents of Prince Edward Island outside the province
- investigating cases where a third party was the cause of the illness or injury of the patient, and recovering monies where possible
- field investigations regarding eligibility status of Prince Edward Island residents.

Finance Division

David R. MacCormac, Director

The primary function of the Finance Division is to provide management with financial information for use in making policy and operating decisions. Secondly, it acts as a service centre for hospitals and Divisional Directors on areas where financial advice is requested or required.

Responsibilities of the various sections within the Division of Finance include:

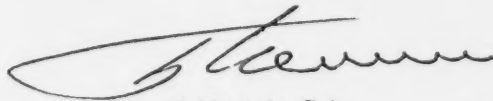
- financial management, planning, and control
- financial accounting for the Commission
- data entry for thirty-two computer programs
- batching and processing claims for data control
- general office services including switchboard
- maintenance of the resident registration file
- cash and budget control
- development of internal financial, manual, and computerized systems
- internal audit functions.

AUDITOR'S REPORT

To the Commissioners of the Hospital Services Commission

I have examined the balance sheet of the Hospital Services Commission of Prince Edward Island as at March 31, 1984 and the statement of financial activities for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1984 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.



T. Kaptein, C.A.
Auditor General

Charlottetown, Prince Edward Island
July 30, 1984

STATEMENT 1

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

BALANCE SHEET

MARCH 31, 1984

(with comparative figures at March 31, 1983)

ASSETS

	1984	1983
CURRENT ASSETS		
Cash	\$ 447,962	\$ 464,505
Term deposit	71,949	65,404
Accounts Receivable		
— Province of Prince Edward Island	1,866,788	1,764,761
— Health Services Commission	69,540	—
— Other	24,439	302,874
Prepaid Expense	6,174	—
FIXED ASSETS		
Office furnishings and equipment (Note 1)	1	1
	<u>\$2,486,853</u>	<u>\$2,597,545</u>

LIABILITIES

Current		
Payables and accruals (Note 3)	\$2,386,723	\$2,454,677
Payable — Health Services Commission	—	42,738
	<u>2,386,723</u>	<u>2,497,415</u>
Provincial Government, working capital fund	100,130	100,130
	<u>\$2,486,853</u>	<u>\$2,597,545</u>

(Notes 1 to 4 are an integral part of these financial statements)

ON BEHALF OF THE COMMISSION:

Secrets

Donnie Munro

STATEMENT 2

**HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND
STATEMENT OF FINANCIAL ACTIVITIES
YEAR ENDED MARCH 31, 1984**

(with comparative figures at March 31, 1983)

	1984	1983
REVENUE		
Provincial Appropriation — Note 2	\$59,051,359	\$53,808,433
Third party recoveries	148,687	108,026
Investment income	9,012	8,024
	<u>59,209,058</u>	<u>53,924,483</u>
EXPENSES		
In-province hospitals	49,283,137	44,417,941
Preferred accommodation	—	156,820
Out-of-province hospital care	7,783,707	7,283,687
Ambulance service	636,257	581,887
Canadian Red Cross Society	781,895	744,817
Administration	724,062	739,331
	<u>59,209,058</u>	<u>53,924,483</u>
Net result for the year	<u>\$ —</u>	<u>\$ —</u>

(Notes 1 to 4 are an integral part of these financial statements)

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 1984

1. Accounting policy:

Depreciation —

Fixed assets are recorded at a nominal value of one dollar; therefore, no depreciation is charged.

2. Provincial Appropriation

	1984	1983
Original Appropriation	\$59,836,500	\$50,104,200
Additional Appropriation (Unspent Appropriations)	(785,141)	3,704,233
Total Provincial Appropriation	<u>\$59,051,359</u>	<u>\$53,808,433</u>

3. Payables and accruals

	1984	1983
Local hospitals and approved facilities for laboratory costs, deficits and major equipment purchases	\$ 18,010	\$ 368,261
Local hospitals for preferred accommodation ...	—	26,113
Local hospitals for services to non-resident patients	54,796	50,542
Canadian Red Cross	7,612	21,144
Ambulance operators	49,833	53,054
Out-of-province hospital care, net	2,190,000	1,922,837
Provincial Government	48,367	—
Other	18,105	12,726
	<u>\$2,386,723</u>	<u>\$2,454,677</u>

The payable for out-of-province hospital care includes an accrual of \$535,000 for estimated billings not yet received for services of out-of-province hospitals to March 31, 1984.

4. Some of the 1983 accounts have been reclassified to conform to the 1984 presentation.

PUBLIC GENERAL HOSPITALS IN PRINCE EDWARD ISLAND

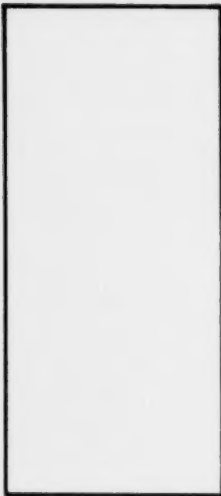
PER DIEM RATES

EFFECTIVE APRIL 1, 1983 — MARCH 31, 1984

Queen Elizabeth Hospital	\$260.00
Prince County Hospital	\$190.00
King's County Memorial Hospital	\$170.00
Stewart Memorial Hospital	\$150.00
Community Hospital	\$145.00
Souris Hospital	\$130.00
Western Hospital	\$130.00
Newborn	\$ 35.00
Day Care Surgery	\$ 76.00
Psychiatric Day Care with Electro Convulsive Therapy	\$ 45.00
Psychiatric Day Care without Electro Convulsive Therapy	\$ 35.00

**PUBLIC GENERAL HOSPITALS IN PRINCE EDWARD ISLAND
COMPARISON OF GENERAL EXPENSES**

	1983-84 ACTUAL	1982-83 ACTUAL	1983-84% INC/DEC OVER 1982-83
Salaries	\$30,993,246	\$27,386,004	13.2
Drugs, Medical and Surgical Supplies	3,231,306	2,679,114	20.6
Employee Benefits	2,738,279	2,209,304	23.9
Other Supplies and Expenses:			
Diagnostic and Treatment Services	2,259,898	2,154,903	4.9
Administration	898,698	918,051	(-) 2.2
Operating	5,436,893	5,314,725	2.2
Equipment	—	102,456	
Sub-Total	<u>\$45,558,320</u>	<u>\$40,764,557</u>	<u>11.8</u>
Offset Income	<u>3,146,711</u>	<u>2,787,922</u>	<u>12.9</u>
Net Expenditure	<u>\$42,411,609</u>	<u>\$37,976,635</u>	<u>11.7</u>



HOSPITAL UTILIZATION STATISTICS



Introduction:

There are seven acute care hospitals on Prince Edward Island. They are, with their respective bed capacities:

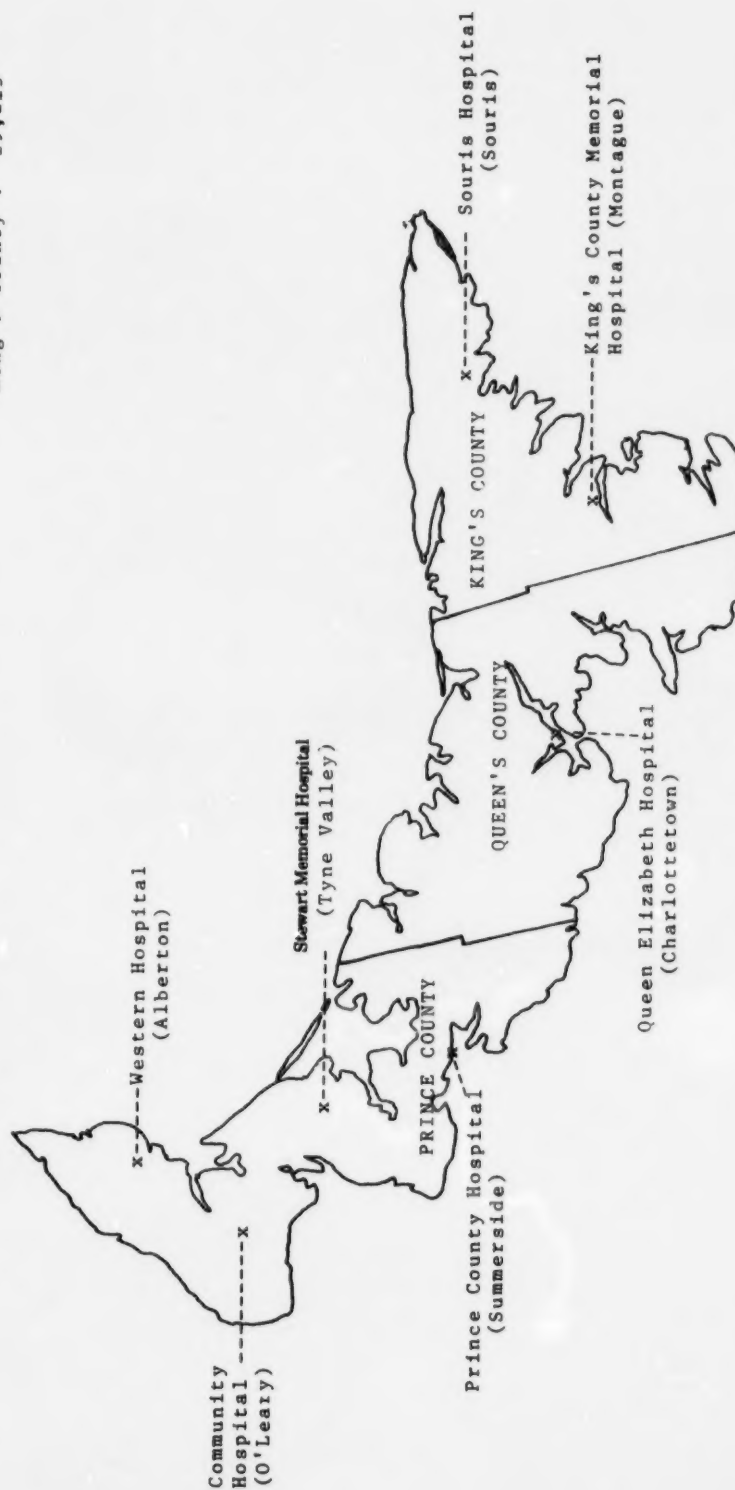
Western Hospital, Alberton	50
Community Hospital, O'Leary	33
Stewart Memorial Hospital, Tyne Valley	23
Prince County Hospital, Summerside	162
Queen Elizabeth Hospital, Charlottetown	351
King's County Memorial Hospital, Montague	50
Souris Hospital, Souris	21
	690

The following pages present 1983-84 statistics (source: 1983-84 Annual Return of Health Care Facilities, Hospitals — Part I) and background information for each hospital and concludes with a four (4) year summary of total hospital utilization data for the province.

PRINCE EDWARD ISLAND

(Population - 1981 - 122,506)

Prince County : 42,821
Queen's County: 60,470
King's County : 19,215



Population Source: Working Paper - Statistics Canada

Western Hospital

Alberton

OWNERSHIP:	Religious Organization
RATED BED CAPACITY:	50 beds
BEDS TYPE— Medical	40 beds
Pediatric	10 beds
OCCUPANCY RATE:	65 percent
ADMISSIONS:	1,604
AVERAGE LENGTH OF STAY:	7.4 days
BIRTHS:	0
PATIENT DAYS:	11,896
CHAIRMAN OF THE BOARD:	Ronald D. McKinnon
ADMINISTRATOR:	Sister Mary Ethel Doyle

COMMUNITY HOSPITAL

O'Leary

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	33 beds
BEDS TYPE — Medical/Surgical	24 beds
Obstetrical	3 beds
Pediatric	5 beds
Isolation	1 bed
OCCUPANCY RATE:	87 percent
ADMISSIONS:	1,386
AVERAGE LENGTH OF STAY:	7.6 days
BIRTHS:	63
PATIENT DAYS:	10,556
CHAIRMAN OF THE BOARD:	Bernard Shea
ADMINISTRATOR:	Lester A. Brennan

STEWART MEMORIAL HOSPITAL

Tyne Valley

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	13 (23 as of January, 1984)
BEDS TYPE — Medical	10 beds
Pediatric	3 beds
Medical-Nursing	10 (as of January, 1984)
OCCUPANCY RATE:	90 percent (excluding Medical/Nursing Unit)
ADMISSIONS:	734
AVERAGE LENGTH OF STAY:	6.4 days
BIRTHS:	0
PATIENT DAYS:	4,699
CHAIRMAN OF THE BOARD:	Clyde Minard
ADMINISTRATOR:	Robert Millar, Jr.

PRINCE COUNTY HOSPITAL

Summerside

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	162 beds
BEDS TYPE — Medical	56 beds
Surgical	37 beds
Intensive Care	5 beds
Obstetrical	23 beds
Pediatric	25 beds
Psychiatric	16 beds
OCCUPANCY RATE:	77 percent
ADMISSIONS:	7,321
AVERAGE LENGTH OF STAY:	6.2 days
BIRTHS:	584
PATIENT DAYS:	45,383
CHAIRMAN OF THE BOARD:	Harry T. Holman
ADMINISTRATOR:	John R. Mungall to January 1, 1984 and Wayne Carew from December, 1983

QUEEN ELIZABETH HOSPITAL

Charlottetown

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	351 beds
BEDS TYPE — Medical/Surgical	211 beds
Intensive Care	12 beds
Obstetrical	30 beds
Pediatric	48 beds
Psychiatric	30 beds
Rehabilitation	20 beds
OCCUPANCY RATE:	84 percent
ADMISSIONS:	12,062
AVERAGE LENGTH OF STAY:	9 days
BIRTHS:	1,101
PATIENT DAYS:	107,513
CHAIRMAN OF THE BOARD	Frank MacDonald
EXECUTIVE DIRECTOR:	Kenneth W. Ezeard

KING'S COUNTY MEMORIAL HOSPITAL

Montague

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	50 beds
BEDS TYPE — Medical	34 beds
Obstetrical	6 beds
Pediatric	10 beds
OCCUPANCY RATE:	75 percent
ADMISSIONS:	1,901
AVERAGE LENGTH OF STAY:	7.2 days
BIRTHS:	101
PATIENT DAYS:	13,634
CHAIRMAN OF THE BOARD:	Leonard Munroe
ADMINISTRATOR:	Horst R. Quecke

SOURIS HOSPITAL

Souris

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	21 beds
BEDS TYPE — Medical	16 beds
Obstetrical	2 beds
Pediatric	3 beds
OCCUPANCY RATE:	84 percent
ADMISSIONS:	921
AVERAGE LENGTH OF STAY:	7.0 days
BIRTHS:	27
PATIENT DAYS:	6,461
CHAIRMAN OF THE BOARD:	Weston Rose/Anne MacPhee
ADMINISTRATOR:	Peter Ramsay

COMPARISONS OF HOSPITAL USAGE

Hospitals of Prince Edward Island

April 1, 1980 to March 31, 1984

Inclusive

	April 1, 1980 to March 31, 1981	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983	April 1, 1983 to March 31, 1984
Number of Beds set up	678	682	680	690
Number of Bassinets set up	105	99	79	79
Total Patients Admitted				
(Adults, Children, Newborn) ..	27,621	27,516	26,562	27,801
Total Births in Hospitals	1,925	1,874	1,902	1,876
Adults & Children Patient				
Days	187,274	187,990	190,405	200,142
Newborn Patient Days	10,191	10,273	10,385	9,984
X-Ray Examinations	95,987	96,689	94,489	102,725
Laboratory Units of Work				
(Hospital)	1,150,164	1,257,763	2,644,329	3,255,905
Laboratory Units of Work				
(Prov. & Other Labs.)	1,796,617	1,862,328	882,000	180,064
Operations in O.R.	16,180	23,117	15,637	16,153
Emergency Visits	97,566	82,813	87,681	106,444
Physiotherapy Attendances	48,627	40,817	44,649	39,180
Electrocardiograph Exams	21,613	21,965	21,988	22,329
Meal Days	325,346	288,613	343,128	353,706
Nursing Staff				
(Includes School of Nursing &				
L.N.A. Program Staff)	662.5	664*	659.5*	657.8*
Other Staff	625.0	596*	793.8*	860.9*
Total Staff	1,287.5	1,240*	1,453.3*	1,518.7*

*Staffing reported in full-time-equivalents